



CITY LICENSE
(316) 268-4553

DRINKING ESTABLISHMENT

As a new or renewal applicant, you are required to complete the application in triplicate. Each question and blank on the application must be filled out completely to ensure quick and timely processing. If any question or blank is not answered, the application will be denied and your check will be returned to you. We will **NOT** accept incomplete applications.

Often, an applicant will leave blanks or put wrong information in the following areas:

- Section “II Applicant Information” must be completed for the person whose signature appears at “Applicant’s Signature” on the bottom of the application. This needs to be an actual person, not a corporation name.
- Section “III Manager Information” must be completed. If the applicant is also the manager, put same as #2.
- Section “IV Property Owner & Lessee of property on which the business is located:” must be completed. If the applicant is also the owner of the property, put “owner”.
- Section “V. Financial Information:” must be completed. If the applicant is the only person with any financial interest in the business, put “none”. If the business is a corporation, put “none” and complete section “6. If Corporation, complete the following:”. You must complete the information for each officer, director, and stockholder owning 5% or more shares in the corporation.
- Application must be notarized. If you would like us to notarize it for you, the applicant needs to bring it in along with a valid driver’s license or a Kansas ID Card.
- You need to provide a new floor plan every year.
- The approval process takes approximately 3 weeks, so be sure to turn everything at least 3 weeks prior to your current expiration date to ensure your application will be approved before your current license expires and to avoid having to temporarily close down.
- Procedures have been changed so we may start approval of your City license before you actually receive your State license. You may bring a copy of your State renewal form along with a copy of the paid receipt issued by the State. If needed, you may also fax this information to “License Section” at 268-4656. The License Section will have to see the current State license before the City license will be released. This change should help expedite the approval process. If you need to call the State about your state license, the number to the State Alcohol Beverage Control is (785) 296-1341.

Each question on the application pertains to the applicant's ability to meet the guidelines set out by K.S.A. Chapter 41 and Chapter 4.04, Code of the City of Wichita which govern Alcoholic Liquor. By refusing or forgetting to answer a question it will be assumed that the applicant cannot meet these guidelines and will, therefore, be denied a license.

In conclusion, remember that if any information changes during the year for which your license has been issued, you must contact the License section and notify them of the change. The fees for the type of license that the applicant will be applying for are listed on the application. License fees are only refunded in the event that the initial application is denied. Licenses are non-transferable. Each location must be separately licensed.



ALCOHOLIC LIQUOR APPLICATION

Drinking Establishments

State License No _____

Expiration Date _____

Floor plan layout must be attached

Complete in Triplicate

CITY LICENSE

(316) 268-4553

Check one- Yearly fee \$250.00, temporary fee \$80.00 per day.

- ☐ Drinking Establishment
☐ Drinking Establishment/Restaurant (more than 30% food)
☐ Drinking Establishment/Restaurant/Event center
☐ Drinking Establishment/Caterer
☐ Drinking Establishment/Entire Hotel
☐ Temporary Permits (maximum 3 consecutive days; 4 times per year)

- ☐ Drinking Establishment/Hotel/Caterer
☐ Private Club Class B (Profit)
☐ Caterer
☐ Private Club Class A (Non-Profit): Fraternal/Vets
☐ Social-500 or less members
☐ Social-500 + members

I. BUSINESS INFORMATION

Business Name				Phone		
Address						Zip
Mailing Address						Zip

II. APPLICANT INFORMATION

Name				Social Security Number			
Address						Zip	
Applicant DOB		Phone		Race		Sex	
Spouse Name		DOB		Race		Sex	

III. MANAGER INFORMATION

Name				Social Security Number			
Address						Zip	
Manager DOB		Phone		Race		Sex	
Spouse Name		DOB		Race		Sex	

IV. PROPERTY OWNER & LESSEE OF PROPERTY ON WHICH THE BUSINESS IS LOCATED:

Property Owner-Name				Phone Number		
Address						Zip
Lessee of Property-Name		Phone		Lease Length		
Address						Zip

V. FINANCIAL INFORMATION Any persons having financial interest of any kind in the business must be listed below. Please list on separate sheet if needed.

Name				Social Security Number			
Address						Zip	
Phone		DOB		Race		Sex	
Spouse Name		DOB		Race		Sex	

VI. IF CORPORATION COMPLETE THE FOLLOWING:

Corporate Name					
Name or Corporate Resident Agent				Social Security Number	
Address of Corporate Resident					
Phone				Date of Incorporation	

Provide all of the information listed below for any or all of the following categories (use separate piece of paper if additional space is needed): a.) Each officer b.) Each Director c.) Stockholders owing 5% or more shares in the corporation

Name				Social Security Number			
Address						Zip	
Phone		DOB		Race		Sex	

State when inspection can be made, Monday through Friday, 8:00a.m. to 5:00p.m._____.

I, _____, the above named applicant state that I have been a citizen of the United States for at least ten (10) years. I have read the contents of this application and all the information it contains is true and correct. I have been provided with and read a copy of Section 4.16.180 of the City Code pertaining to persons ineligible to obtain the license herein applied for, and affirmatively state neither I nor any other person having an interest in this business, are ineligible to receive a license under its terms. Furthermore, I hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by you and I consent to the immediate revocation of my alcoholic liquor license, by the proper officials, for any violation of such law, rules or regulations.

_____ Dated this _____ day of _____, _____.

_____ Dated this _____ day of _____, _____.

Notary Public

My appointment expires on the _____ day of _____, 19_____.

FOR OFFICIAL USE ONLY

	Approved	Disapproved	Date
Police			
Central Inspection			
Fire			
City License Number		Date	Released

USE FOR ADDITIONAL INFORMATION TO SECTION VI

Name					Social Security Number			
Address							Zip	
Phone			DOB		Race		Sex	

Name					Social Security Number			
Address							Zip	
Phone			DOB		Race		Sex	

Name					Social Security Number			
Address							Zip	
Phone			DOB		Race		Sex	

Name					Social Security Number			
Address							Zip	
Phone			DOB		Race		Sex	

Name					Social Security Number			
Address							Zip	
Phone			DOB		Race		Sex	

Name					Social Security Number			
Address							Zip	
Phone			DOB		Race		Sex	

Name					Social Security Number			
Address							Zip	
Phone			DOB		Race		Sex	

Name					Social Security Number			
Address							Zip	
Phone			DOB		Race		Sex	

Name					Social Security Number			
Address							Zip	
Phone			DOB		Race		Sex	